





Form 13F

FORM 13F COVER PAGE

Report for the Calendar Year or Quarter Ended: September 30, 2003

NOV 1 4 2003

OFFICE OF THE SECRETARY

| | re if Amendment []; Amendment Numbers endment (Check only one.): | [] is a restatement. [] adds new holdings entries. CONFIDENTIAL TRUE | DENIED DENIED |
|-------------------|---|---|---------------|
| Institution | nal Investment Manager Filing this Report: | SCATIAL TRE | / . |
| Name: Address: | Mason Capital Management, LLC 110 East 59 th Street, 10 th Floor New York, NY 10022 | CONLINEL. WILL | |
| Form 13F | File Number: 28- <u>10413</u> | · EX. | |

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

Person Signing this Report on Behalf of Reporting Manager:

Name:

John Grizzetti

Title:

Chief Financial Officer

Phone:

(212) 771-1232

Signature, Place, and Date of Signing:

John Grizzetti New York, New York November 14, 2003

/s/ by Ambari Prakash with Express [City, State] [Date]

Permission

Report Type* (Check only one.):

- [X] 13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)
- [] 13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)
- [] 13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)

AUG 19 2004

THOMSON FINANCIAL

^{*} Reports Holdings for which confidential treatment is requested.

FORM 13F SUMMARY PAGE

| Report Summary: | | |
|--|-------------------------|---|
| Number of Other Included Managers: | 0 | |
| Form 13F Information Table Entry Total: | 3 | • |
| Form 13F Information Table Value Total: | \$48,826 (thousands) | |
| List of Other Included Managers: | | |
| Provide a numbered list of the name(s) and I respect to which this report is filed, other that | | r(s) of all institutional investment managers with this report. |
| | | |

CONFIDENTIAL TREATMENT REQUESTED

FORM 13F INFORMATION TABLE

| | COLUMN 2 TITLE OF CLASS | COLUMN 3 | VALUE (x\$1000) | CO SHRS OR PRN AMT | COLUMN 5 R T SH/PRN | PUT/ CALL | SHRS OR PUT/ INVESTMENT [OTHER PRN AMT SH/PRN CALL DISCRETION MANAGERS] | COLUMN 7 [OTHER MANAGERS] | COLUMN 8 VOTING AUTHORITY SOLE SHARED NONE |
|--------|-------------------------|-----------|-----------------|--------------------------|---------------------|--------------|---|---------------------------------|--|
| COMMON | _ | 171796105 | 11,929 | 426,800 | | | SOLE | | × |
| COMMON | ļ | 39787M108 | 16,744 | 22,000 | | į | SOLE | | × |
| COMMON | | 449536101 | 20,153 | 350,000 | | | SOLE | · | × |